



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 4609

|                             |                                   |              |                        |                                      |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>09/434,985 | FILING DATE<br>11/05/1999<br>RULE | CLASS<br>336 | GROUP ART UNIT<br>2832 | ATTORNEY<br>DOCKET NO.<br>1675B.1A.1 |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|

### APPLICANTS

IONEL JITARU, TUCSON, AZ;

\*\* CONTINUING DATA \*\*\*\*\* *Am* *Am*  
This application is a CON of 08/351,943 12/08/1994 PAT 5,990,776 ✓

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Am*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 12/03/1999

| Foreign Priority claimed<br>35 USC 119 (a-d) conditions<br>met<br>Verified and<br>Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><i>Am</i> | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><i>Am</i> <i>Am</i> <i>Met after Allowance</i> | STATE OR<br>COUNTRY<br>AZ | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br><i>15 40</i> | INDEPENDENT<br>CLAIMS<br><i>2 8</i> |
|--|--|---|---------------------------|------------------------|---------------------------------|-------------------------------------|
|  |  |   |                           |                        |                                 |                                     |

### ADDRESS

28529  
GALLAGHER & KENNEDY, P. A.  
2575 E. CAMELBACK RD. #1100  
PHOENIX, AZ  
85016

### TITLE

LOW NOISE FULL INTEGRATED MULTILAYERS MAGNETIC FOR POWER CONVERTERS

|                                |   |  |
|--------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>1117 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|--------------------------------|---|--|